# ../../../../Branding%20-%20Australias%20Global%20University/Logo%202016/Corporate%20Logo/PNG_Web/01_Sydney%20Portrait.png

# Workers Compensation Reimbursement of Expenses Claim Form

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| --- | --- |
| **Name** |  |
| **Claim Number** |  |
|  | |
| PLEASE ATTACH ORIGINAL RECEIPTS | |

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| **PHARMACEUTICAL/MEDICAL REIMBURSEMENTS** | | |
| **Date of Service** | **Description (eg Pharmaceutical/Medical)** | **$** |
| *i.e. 15 September 2004* | *Smith Pharmacy – Panadeine Forte* | *$9.95* |
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|  | **TOTAL** | **$** |

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| --- | --- | --- | --- | --- | --- |
| **TRAVEL REIMBURSEMENTS** | | | | | |
| **Date** | **Journey Description** | | **Ticket cost or kilometres travelled** | **Reason for journey** | **$** |
| **To** | **From** |
| *ie 15/9/04* | *Richmond* | *Home* | *15* | *Medical Examination with Dr Smith* | *$5.00* |
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| **TOTAL** | | | | | **$** |

***Reimbursements can only be made if a receipt is supplied please ensure all chemist receipts include the name of the product purchased. Kilometres are paid at the WorkCover approved rate.***

***Completed form to be returned to The University of New South Wales Workers’ Compensation Department, Level 1, Room 119, HR, The Chancellery UNSW Sydney or fax: 02 9663 4203***